

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1859

01848

Reg. Dist.

No. 191

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Howard		MARYLAND		STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN Ellicott City				TOWN Ellicott City			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Orchard				STREET ADDRESS (If rural, give location) Pine Orchard			
3. NAME OF DECEASED: (First) (Middle) (Last) LINDA CAROLYN ADAMS				4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1956			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: Feb. 8, 1944	
9. AGE last birthday: 12 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country): Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None				10b. KIND OF BUSINESS OR INDUSTRY: None			
13. FATHER'S NAME: Ralph Adams				14. MOTHER'S MAIDEN NAME: E. Javinka			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Esther Adams, Ellicott City, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) Hydrocephalus - Spina B. fida DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: 2				19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE R. B. Fisher				CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 2/12/56 DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2-15-56		NAME OF CEMETERY OR CREMATORY Good Shepherd		LOCATION (City, town, or county) (State) Ellicott City, Md.	
DATE REC'D BY LOCAL REG. Feb. 15, 1956		REGISTRAR'S SIGNATURE John B. Loughran		24. FUNERAL DIRECTOR F. C. Higinbotham		ADDRESS Ellicott City, Md	
Pu. B. E. L.							

BUREAU V. S.

FEB 20 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 3, Film G193 2-27-56 et

1. PLACE OF DEATH:

COUNTY Howard MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural LENGTH OF STAY (in this place) 6 weeks
 TOWN Rescue
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Mollie Wills Eubank Baber

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Va. COUNTY Sentterville
 CITY (If outside corporate limits, write RURAL and give nearest town) 85x-3
 OR TOWN Sentterville
 STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED:

(First) Mollie Wills Eubank Baber (Middle) Baber (Last) Baber

4. DATE OF DEATH: Feb 13 1956

5. SEX:

F

6. COLOR OR RACE:

Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH:

Nov 24, 1866

9. AGE last birthday:

89 yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Dom. Home

11. BIRTHPLACE (State or foreign country):

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

John Madison Eubank

14. MOTHER'S MAIDEN NAME:

Nancy Sabina Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

15. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Mrs. Eubank Shaffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1951, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 8 P.M. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Feb 13-56Frank ShafferRobert Houshory Laurel Md2/14/56

MARGIN RESERVED FOR BINDING

RECEIVED

FEB 21 1956

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and is hereby filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01850
191

1861

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH o. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City Rural				c. LENGTH OF STAY IN 1b Ellicott City			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00 Elioak				d. STREET ADDRESS Elioak			
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS FREDERICK BLANEY				4. DATE OF DEATH Month Day Year Feb. 27 19 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 11, 1892	
9. AGE (In years last birthday) 64 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Roger Blaney				14. MOTHER'S MAIDEN NAME Barbara Schatz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-14-1007		17. INFORMANT Mrs. T.F. Blaney, Ellicott City, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocardial failure DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic heart disease DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 6 wks 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) nephrosclerosis with uremia 2 weeks						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that I attended the deceased from 2/21, 1956 , to 2/27, 1956 , that I last saw the deceased alive on 2/26, 1956 , and that death occurred at 12:30 M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Charles S. Whitaker, M.D.		ADDRESS (Street, city or town, state) Clarksville, Md.		DATE SIGNED			
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3-1-56		22c. NAME OF CEMETERY OR CREMATORY St. Louis		22d. LOCATION (City, town, or county) (State) Clarksville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md.				24a. REC'D BY REGISTRAR DATE 2/29/56		24b. REGISTRAR'S SIGNATURE John D. Dougherty	

CERTIFICATE OF DEATH

NAME OF DECEASED [Illegible]		SEX [Illegible]		AGE [Illegible]	
DATE OF DEATH [Illegible]		TIME OF DEATH [Illegible]		PLACE OF DEATH [Illegible]	
OCCASION OF DEATH [Illegible]		CAUSE OF DEATH [Illegible]		MANNER OF DEATH [Illegible]	
SIGNATURE OF DECEASED [Illegible]		SIGNATURE OF WITNESS [Illegible]		SIGNATURE OF PHYSICIAN [Illegible]	
SIGNATURE OF MINISTER [Illegible]		SIGNATURE OF CLERGYMAN [Illegible]		SIGNATURE OF JUDGE [Illegible]	
SIGNATURE OF CORONER [Illegible]		SIGNATURE OF SHERIFF [Illegible]		SIGNATURE OF CLERK [Illegible]	
SIGNATURE OF DECEASED [Illegible]		SIGNATURE OF WITNESS [Illegible]		SIGNATURE OF PHYSICIAN [Illegible]	
SIGNATURE OF MINISTER [Illegible]		SIGNATURE OF CLERGYMAN [Illegible]		SIGNATURE OF JUDGE [Illegible]	
SIGNATURE OF CORONER [Illegible]		SIGNATURE OF SHERIFF [Illegible]		SIGNATURE OF CLERK [Illegible]	

BUREAU V. S.

MAR 1 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01851

CERTIFICATE OF DEATH

Reg. Dist. No. 19/

1862

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		MARYLAND		STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Ellicott City				TOWN Ellicott City			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescing Home				STREET ADDRESS (If rural give location) Mayfield			
3. NAME OF DECEASED (Type or Print) IDA M. BROWN				4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1956			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH July 12, 1891	
				9. AGE last birthday 64 yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Clerical Work		11. BIRTHPLACE (State or foreign country) Montgomery Co. Md	
13. FATHER'S NAME Lemuel Brown				14. MOTHER'S MAIDEN NAME Annie R. Biggs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS W.C. Brown, Ellicott City, Md	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
491X IMMEDIATE CAUSE (A) Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Biliary Cirrhosis of liver						1 year	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/6 , 19 56 , to 2/1 , 19 56 , that I last saw the deceased alive on 2/1 , 19 56 , and that death occurred at 10:55 A.M. from the causes and on the date stated above.							
SIGNATURE George E. Buehler M.D.				ADDRESS (Street, city, town, state) Ellicott City, Md.		DATE SIGNED 2/3/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-5-1956		NAME OF CEMETERY OR CREMATORY Mt. View		LOCATION (City, town, or county) (State) Alpha, Md.	
24. REC'D BY REGISTRAR John B. Loughran		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham		ADDRESS Ellicott City, Md.	
DATE Feb 5, 1956		Per. B.E.L.					

CERTIFICATE OF DEATH

1902

Wife of Mr. A. V.

1. HUSBAND'S NAME (Full Name)

2. WIFE'S NAME (Full Name)

3. DATE OF DEATH

4. PLACE OF DEATH

5. TIME OF DEATH

6. CAUSE OF DEATH

7. PLACE OF BIRTH

8. OCCUPATION

9. SEX

10. AGE

11. COLOR

12. RELIGION

13. EDUCATION

14. MARRIAGE

15. DECEASED

16. BURIED

17. INTERMENT

18. FUNERAL

19. BURIAL

20. CREMATION

21. OTHER

22. REMARKS

23. SIGNATURE

24. DATE

25. PLACE

26. NAME

27. ADDRESS

28. CITY

29. STATE

30. COUNTRY

31. POST OFFICE

32. TELEPHONE

33. RAILROAD

34. STEAMSHIP

35. AIRCRAFT

36. OTHER

37. REMARKS

38. SIGNATURE

39. DATE

40. PLACE

41. NAME

42. ADDRESS

43. CITY

44. STATE

45. COUNTRY

46. POST OFFICE

47. TELEPHONE

48. RAILROAD

49. STEAMSHIP

50. AIRCRAFT

51. OTHER

52. REMARKS

53. SIGNATURE

54. DATE

55. PLACE

56. NAME

57. ADDRESS

58. CITY

59. STATE

60. COUNTRY

61. POST OFFICE

62. TELEPHONE

63. RAILROAD

64. STEAMSHIP

65. AIRCRAFT

66. OTHER

67. REMARKS

68. SIGNATURE

69. DATE

70. PLACE

71. NAME

72. ADDRESS

73. CITY

74. STATE

75. COUNTRY

76. POST OFFICE

77. TELEPHONE

78. RAILROAD

79. STEAMSHIP

80. AIRCRAFT

81. OTHER

82. REMARKS

83. SIGNATURE

84. DATE

85. PLACE

86. NAME

87. ADDRESS

88. CITY

89. STATE

90. COUNTRY

91. POST OFFICE

92. TELEPHONE

93. RAILROAD

94. STEAMSHIP

95. AIRCRAFT

96. OTHER

97. REMARKS

98. SIGNATURE

99. DATE

100. PLACE

101. NAME

102. ADDRESS

103. CITY

104. STATE

105. COUNTRY

106. POST OFFICE

107. TELEPHONE

108. RAILROAD

109. STEAMSHIP

110. AIRCRAFT

111. OTHER

112. REMARKS

113. SIGNATURE

114. DATE

115. PLACE

116. NAME

117. ADDRESS

118. CITY

119. STATE

120. COUNTRY

121. POST OFFICE

122. TELEPHONE

123. RAILROAD

124. STEAMSHIP

125. AIRCRAFT

126. OTHER

127. REMARKS

128. SIGNATURE

129. DATE

130. PLACE

131. NAME

132. ADDRESS

133. CITY

134. STATE

135. COUNTRY

136. POST OFFICE

137. TELEPHONE

138. RAILROAD

139. STEAMSHIP

140. AIRCRAFT

141. OTHER

142. REMARKS

143. SIGNATURE

144. DATE

145. PLACE

146. NAME

147. ADDRESS

148. CITY

149. STATE

150. COUNTRY

151. POST OFFICE

152. TELEPHONE

153. RAILROAD

154. STEAMSHIP

155. AIRCRAFT

156. OTHER

157. REMARKS

158. SIGNATURE

159. DATE

160. PLACE

161. NAME

162. ADDRESS

163. CITY

164. STATE

165. COUNTRY

166. POST OFFICE

167. TELEPHONE

168. RAILROAD

169. STEAMSHIP

170. AIRCRAFT

171. OTHER

172. REMARKS

173. SIGNATURE

174. DATE

175. PLACE

176. NAME

177. ADDRESS

178. CITY

179. STATE

180. COUNTRY

181. POST OFFICE

182. TELEPHONE

183. RAILROAD

184. STEAMSHIP

185. AIRCRAFT

186. OTHER

187. REMARKS

188. SIGNATURE

189. DATE

190. PLACE

191. NAME

192. ADDRESS

193. CITY

194. STATE

195. COUNTRY

196. POST OFFICE

197. TELEPHONE

198. RAILROAD

199. STEAMSHIP

200. AIRCRAFT

201. OTHER

202. REMARKS

203. SIGNATURE

204. DATE

205. PLACE

206. NAME

207. ADDRESS

208. CITY

209. STATE

210. COUNTRY

211. POST OFFICE

212. TELEPHONE

213. RAILROAD

214. STEAMSHIP

215. AIRCRAFT

216. OTHER

217. REMARKS

218. SIGNATURE

219. DATE

220. PLACE

221. NAME

222. ADDRESS

223. CITY

224. STATE

225. COUNTRY

226. POST OFFICE

227. TELEPHONE

228. RAILROAD

229. STEAMSHIP

230. AIRCRAFT

231. OTHER

232. REMARKS

233. SIGNATURE

234. DATE

235. PLACE

236. NAME

237. ADDRESS

238. CITY

239. STATE

240. COUNTRY

241. POST OFFICE

242. TELEPHONE

243. RAILROAD

244. STEAMSHIP

245. AIRCRAFT

246. OTHER

247. REMARKS

248. SIGNATURE

249. DATE

250. PLACE

251. NAME

252. ADDRESS

253. CITY

254. STATE

255. COUNTRY

256. POST OFFICE

257. TELEPHONE

258. RAILROAD

259. STEAMSHIP

260. AIRCRAFT

261. OTHER

262. REMARKS

263. SIGNATURE

264. DATE

265. PLACE

266. NAME

267. ADDRESS

268. CITY

269. STATE

270. COUNTRY

271. POST OFFICE

272. TELEPHONE

273. RAILROAD

274. STEAMSHIP

275. AIRCRAFT

276. OTHER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1863 CERTIFICATE OF DEATH

01852

Reg. Dist. No. 195

1. PLACE OF DEATH COUNTY <u>HOWARD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>SAME</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Savage</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>SAME</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>58 WASHINGTON ST</u>		STREET ADDRESS (If rural, give location) <u>SAME</u>	
3. NAME OF DECEASED (First) <u>MINNIE</u> (Middle) <u>KEITH</u> (Last) <u>CONNER</u>		4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>27</u> (Year) <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE <u>(MARRIED)</u> WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>9 AUGUST 91</u> 9. AGE last birthday <u>64</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>THOMAS FRANKLIN PIERCE</u>		14. MOTHER'S MAIDEN NAME <u>CAMILLA FINKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>DAUGHTER MRS FRANK BARNES - SCABESVILLE MD.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154x Immediate cause	(a) <u>GENERALIZED CARCINOMATOSIS</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>CARCINOMA OF RECTUM</u>	<u>2 year</u>
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>OCTOBER 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>generalized metastasis over abdomen</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1955, to Feb 27, 1956, that I last saw the deceased alive on Feb 27, 1956, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE <u>John R. Buell MD.</u>	(Degree or title)	ADDRESS <u>402 W. Main St Laurel Md.</u>	DATE SIGNED <u>27 Feb-1956</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 2, 1956</u>	NAME OF CEMETERY OR CREMATORY <u>Harriarion Cemetery</u>	LOCATION (City, town, or county) (State) <u>James Branch, Virginia</u>
DATE REC'D BY LOCAL REG. <u>Mar 1 - 1956</u>	REGISTRAR'S SIGNATURE <u>Frank Shipley</u>	24. FUNERAL DIRECTOR <u>Dr. With Carolan Laurel, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1955
64
1891
3,561

BUREAU V. 3

MAR 6 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

01853

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1864

Reg. Dist. No. 192

1. PLACE OF DEATH- COUNTY Howard		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tridelphia Road				STREET ADDRESS Woodstock College	
3. NAME OF DECEASED (Type or Print) JOHN WILLIAM ENGLE Jr.		(First) (Middle) (Last)		4. DATE OF DEATH Feb. 27, 1956	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	
8. DATE OF BIRTH 11-7-1893		9. AGE last birthday 62 yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Woodstock College		11. BIRTHPLACE (State or foreign country) Alberton, Md.	
13. FATHER'S NAME John W. Engle		14. MOTHER'S MAIDEN NAME Sophia Iutz		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-05-4321		17. INFORMANT AND ADDRESS Reno Engle, Daniels, Md	

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 976X Immediate cause (a) Gunshot wound of chest Antecedent cause(s) Disease or condition, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY Home		(CITY OR TOWN) (COUNTY) (STATE) Ellicott City (rural) Howard Md	
TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 27, 1956 8P.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? Self Inflicted gun shot	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE George E. Engle, M.D.		ADDRESS Ellicott City, Md.		DATE SIGNED 2-27-56	
23. RITUAL CREMATION (EMQVA) (Specify) Burial		DATE THEREOF March 1, 1956		NAME OF CEMETERY OR CREMATORY good Shepherd	
DATE REG'D BY LOCAL REG. 2/2/56		REGISTRAR'S SIGNATURE Alice H. Hebb		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 8 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01854

1865 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u>		COUNTY <u>Baltimore Co.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
<u>X</u> TOWN <u>Ellicott City</u>		<u>3½ mos</u>		TOWN <u>Catonsville 28,</u>		<u>03-52</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Taylor Manor Hospital</u>				STREET ADDRESS (If rural give location) <u>21 Wyndcrest Ave.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Willette</u> (Middle) <u>MARIE</u> (Last) <u>Fitzsimmons</u>				(Month) <u>Feb.</u> (Day) <u>18</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>Nov 26, 1909</u>	<u>46</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>OWN HOME</u>		<u>Chicago, Ill.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>WILLIAM L. COLLIER</u>				<u>?</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>				<u>21 WYNDCREST AVE</u> <u>MILTON FITZSIMMONS CATONSVILLE</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>443X Cerebral vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6hrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive CV Disease</u>				<u>month</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED White <input type="checkbox"/> Not while <input type="checkbox"/> M. <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 9, 1956</u> , to <u>Feb 18, 1956</u> , that I last saw the deceased alive on <u>Feb 18, 1956</u> , and that death occurred at <u>1:05 PM</u> , from the causes and on the date stated above. SIGNATURE <u>Arthur V. Michael</u> ADDRESS (Street, city, town, state) <u>Md. Taylor Manor Hosp. Ellicott City, Md.</u> DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>2/2/56</u>		<u>NEW CATHEDRAL</u>		<u>BALTIMORE, MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Feb 18, 1956</u>		<u>John B. Loughman Jr</u>		<u>Easton, Son, Catonsville, Md.</u>		<u>B. E. L.</u>	

1866

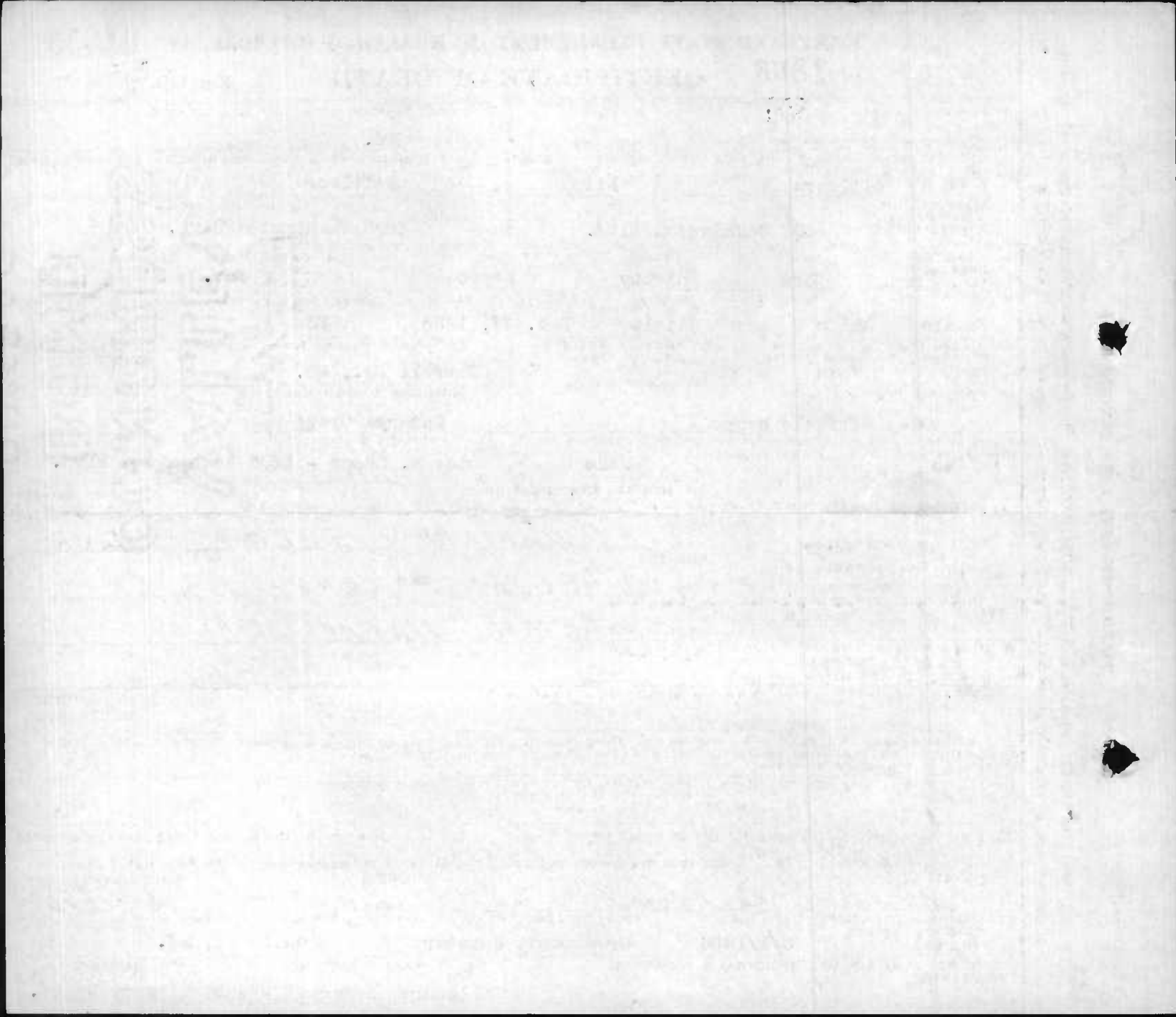
CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Charles</u> <u>Howard</u> MARYLAND		CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Baltimore</u> <u>Seaside</u>		STATE <u>Md.</u> COUNTY		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u> <u>03X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5608 Washington Blvd.</u>		LENGTH OF STAY (in this place) <u>Life</u>		STREET ADDRESS (If rural give location) <u>5608 Washington Blvd.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Vera Shirley Leppo</u>				<u>Feb. 27 1956</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>Feb. 27, 1933</u>	9. AGE last birthday <u>23</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Carroll Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Oney Warfield Leppo</u>				14. MOTHER'S MAIDEN NAME: <u>Cathryn Grogg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Oney W. Leppo - 5608 Washington Blvd.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>602X</u>		(A) <u>PULMONARY EDEMA</u>				<u>2 YR</u>	
ANTECEDENT CAUSE (B) <u>None</u>		(B) <u>CARDIAC FAILURE</u>					
DUE TO		(C) <u>UREMIA, NEPHROLITIASIS</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1950, to <u>26 Feb.</u> , 1956, that I last saw the deceased alive on <u>26 Feb.</u> , 1956, and that death occurred at <u>4:55 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>George E. Guleau</u>		ADDRESS <u>Chesapeake 27, Md.</u>		DATE SIGNED <u>28 Feb 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3/1/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Greenmount Cemetery</u>		LOCATION (City, town, or county) (State) <u>Greenmount, Md.</u>	
OATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR <u>Ellsworth Armacost</u> ADDRESS <u>4600 Liberty Hgts.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



01856

1867 **CERTIFICATE OF DEATH**

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		STATE Maryland		COUNTY Baltimore			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Ellicott City				TOWN Baltimore		03X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home				STREET ADDRESS (If rural give location) 8638 Belair Road			
3. NAME OF DECEASED (First) (Middle) (Last) Mr. John Link, Sr.				4. DATE OF DEATH (Month) (Day) (Year) February 10th 19 56			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 18, 1870		9. AGE last birthday 85 yrs.	IF UNDER 1 YEAR Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tailor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. John Adam Link				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mr. Raymond C. Link, 1306 Churchhill Ave			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
446X IMMEDIATE CAUSE (A) Uremia							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST, (C) Arteriosclerotic Renal Disease							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 19 55 , to Feb. 19 56 , that I last saw the deceased alive on 2/8/56 , and that death occurred at 11am , from the causes and on the date stated above.							
SIGNATURE <i>Max J. Gully</i>				ADDRESS (Street, city, town, state) 5226 Baltimore National Pike DATE SIGNED 2/10/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/14/1956		NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		LOCATION (City, town, or county) (State) Baltimore, Maryland	
24. REC'D BY REGISTRAR DATE FEB 14 1956		REGISTRAR'S SIGNATURE <i>John B. Loughran</i>		25. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck, 5305 Harford Road #14			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

[illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01857

1868 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		MARYLAND		STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Ellicott City				TOWN Ellicott City		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road				STREET ADDRESS (If rural give location) Waterloo Road			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) PHILLIP LOTZ				4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 1870	9. AGE last birthday 85 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months		Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Lotz				14. MOTHER'S MAIDEN NAME Caroline Repp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Theodore Lotz, Baltimore, Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 day			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic Vascular Disease				4 years			
C (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-12 , 19 56 , to 2-13 , 19 56 , that I last saw the deceased alive on 2-12 , 19 56 , and that death occurred at 8:40 A.M. from the causes and on the date stated above.							
SIGNATURE George E. Ruggert M.D.				ADDRESS (Street, city, town, state) Ellicott City, Md. DATE SIGNED 2/14/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-16-56		NAME OF CEMETERY OR CREMATORY St. Johns Lutheran		LOCATION (City, town, or county) (State) Pfieffers Corner, Md	
24. REC'D BY REGISTRAR John B. Loughran, Jr.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md			
DATE Feb. 15, 1956							

B.C.L.

RECEIVED

1869

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Elkridge</u>		LENGTH OF STAY (in this place) <u>6 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Elkridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1923 St Augustine ave</u>				STREET ADDRESS (If rural give location) <u>1923 St Augustine ave</u>			
3. NAME OF DECEASED: (Type or Print) <u>C. Andrew Shaab</u>				4. DATE OF DEATH: <u>Feb 8 1956</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>June 14-1880</u>	
				9. AGE last birthday <u>75</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>auditor</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>State of Md</u>		11. BIRTHPLACE (State or foreign country): <u>Baltimore City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>John Henry Shaab</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Cecelia Cooper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS: <u>1923 St Augustine ave</u> <u>Mrs Emily Regina Shaab Elkridge Md</u>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Apoplexy</u>							<u>4 days</u>
ANTECEDENT CAUSE (S) DUE TO (B) <u>Chor Myocarditis</u>							<u>1 yr</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>coronary atherosclerosis</u>							<u>2 mo</u>
STATING UNDERLYING CAUSE LAST. <u>General Arteriosclerosis</u>							<u>1 yr</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
		21E INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept, 1953</u> , to <u>Feb 8, 1956</u> , that I last saw the deceased alive on <u>Feb 7, 1956</u> and that death occurred at <u>2:35 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>A. B. Brumbaugh</u>				M. D. <u>5609 main St Elkridge</u>		DATE SIGNED <u>2/8/56</u>	
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/11/56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Augustine Cemetery</u>		LOCATION (City, town, or county) (State) <u>Elkridge, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb 9, 1956</u>		REGISTRAR'S SIGNATURE <u>G. W. Hedrick</u>		24. FUNERAL DIRECTOR <u>Wm. Cook, Inc.</u>		ADDRESS <u>1217 St Paul St</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REPORT OF DEATH

NAME OF DECEASED: _____

AGE: _____

SEX: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

IMMEDIATE CAUSE OF DEATH: _____

UNDERLYING CAUSE OF DEATH: _____

INTERVIEWED BY: _____

SIGNATURE OF DECEASED: _____

SIGNATURE OF WITNESS: _____

SIGNATURE OF PHYSICIAN: _____

SIGNATURE OF CORONER: _____

SIGNATURE OF JURY: _____

SIGNATURE OF JUDGE: _____

SIGNATURE OF CLERK: _____

SIGNATURE OF SHERIFF: _____

SIGNATURE OF CONSTABLE: _____

SIGNATURE OF TOWNSHIP CLERK: _____

SIGNATURE OF VOTING CLERK: _____

SIGNATURE OF TOWN CLERK: _____

SIGNATURE OF COUNTY CLERK: _____

SIGNATURE OF STATE CLERK: _____

SIGNATURE OF FEDERAL CLERK: _____

SIGNATURE OF POSTAL CLERK: _____

SIGNATURE OF TELEGRAPH CLERK: _____

SIGNATURE OF RAILROAD CLERK: _____

SIGNATURE OF STEAMSHIP CLERK: _____

SIGNATURE OF AIRCRAFT CLERK: _____

SIGNATURE OF SPACE CLERK: _____

1870 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Elkridge (Rural)</u>		<u>2 1/2 yrs</u>		TOWN <u>Elkridge (Rural)</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lawyers Hill Rd</u>				STREET ADDRESS (If rural give location) <u>Lawyers Hill Rd</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Harriet Maria Warner</u>				<u>Feb 21 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>Jan 16-1867</u>	<u>89</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Domestic</u>		<u>Retired</u>		<u>Syracuse N.Y.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Lewis Sulch II Edgar III</u>				<u>Harriet Maria Alvord</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
<u>no</u>				<u>none</u>		<u>Box 19 RD #4</u> <u>Hubert A. Warner</u> <u>Elkridge (Rural) 27 Md</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>claustrumitis Stage</u>						<u>1 yr</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>chr Myocarditis</u>						<u>5 yrs</u>	
(C) <u>General arteriosclerosis</u>						<u>1 mo</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug, 1953</u> , to <u>Feb 4 1956</u> that I last saw the deceased alive on <u>Feb 21, 1956</u> , and that death occurred at <u>8 25</u> M, from the causes and on the date stated above.							
SIGNATURE <u>B. B. Brumbaugh</u>				ADDRESS <u>5609 main st Elkridge 27 Md</u>		DATE SIGNED <u>2/21/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb 25, 1956</u>		<u>Media Cemetery</u>		<u>Media, Pa.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Feb 23, 1956</u>		<u>C. W. Hedrich</u>		<u>Henry W. Jenkins & Sons Co.</u>		<u>4985 York Road</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01860

1871 CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH COUNTY Howard MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Scaggsville, Rural years HOSPITAL OR INSTITUTION OR STREET ADDRESS 100				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Howard CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Scaggsville, Laurel, Md. STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) Hermann Gustav Wessel			4. DATE OF DEATH February 3, 1956				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH November 13, 1862	9. AGE last birthday 93 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kersenbruck, Germany			
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Son: Mr. Herbert Wessel, Laurel, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH		
4221 IMMEDIATE CAUSE (A) Hypo Static Pneumonia					1 week		
ANTECEDENT CAUSE(S) DUE TO (B) Chronic Myocarditis					years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis					1 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work et work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/3/55 , to 2/3/56 , that I last saw the deceased alive on 2/3 , 19 56 , and that death occurred at 7:40 A.M. from the causes and on the date stated above.							
SIGNATURE John H. Pull		ADDRESS (Street, city, town, state) M.D. 402 Main St., Laurel, Md.		DATE SIGNED 2/3/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 5, 1956		NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery			
24. REC'D BY REGISTRAR DATE 2/8/56		REGISTRAR'S SIGNATURE Mark Shipley		25. FUNERAL DIRECTOR'S SIGNATURE Robert H. ...			
				LOCATION (City, town, or county) (State) Fulton, Maryland			

10500

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 19

1914 CERTIFICATE OF DEATH

1914

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Duration of illness

8. Name of physician

9. Name of funeral director

10. Name of undertaker

11. Name of cemetery

12. Name of burial place

13. Name of interment

14. Name of funeral home

15. Name of funeral director

16. Name of undertaker

17. Name of cemetery

18. Name of burial place

19. Name of interment

20. Name of funeral home

21. Name of funeral director

22. Name of undertaker

23. Name of cemetery

24. Name of burial place

25. Name of interment

26. Name of funeral home

27. Name of funeral director

28. Name of undertaker

29. Name of cemetery

30. Name of burial place

31. Name of interment

32. Name of funeral home

33. Name of funeral director

34. Name of undertaker

35. Name of cemetery

36. Name of burial place

37. Name of interment

38. Name of funeral home

39. Name of funeral director

40. Name of undertaker

41. Name of cemetery

42. Name of burial place

43. Name of interment

44. Name of funeral home

45. Name of funeral director

46. Name of undertaker

47. Name of cemetery

48. Name of burial place

49. Name of interment

50. Name of funeral home

51. Name of funeral director

52. Name of undertaker

53. Name of cemetery

54. Name of burial place

55. Name of interment

56. Name of funeral home

57. Name of funeral director

58. Name of undertaker

59. Name of cemetery

60. Name of burial place

61. Name of interment

62. Name of funeral home

63. Name of funeral director

64. Name of undertaker

65. Name of cemetery

66. Name of burial place

67. Name of interment

68. Name of funeral home

69. Name of funeral director

70. Name of undertaker

71. Name of cemetery

72. Name of burial place

73. Name of interment

74. Name of funeral home

75. Name of funeral director

76. Name of undertaker

77. Name of cemetery

78. Name of burial place

79. Name of interment

80. Name of funeral home

81. Name of funeral director

82. Name of undertaker

83. Name of cemetery

84. Name of burial place

85. Name of interment

86. Name of funeral home

87. Name of funeral director

88. Name of undertaker

89. Name of cemetery

90. Name of burial place

91. Name of interment

92. Name of funeral home

93. Name of funeral director

94. Name of undertaker

95. Name of cemetery

96. Name of burial place

97. Name of interment

98. Name of funeral home

99. Name of funeral director

100. Name of undertaker

101. Name of cemetery

102. Name of burial place

103. Name of interment

104. Name of funeral home

105. Name of funeral director

106. Name of undertaker

107. Name of cemetery

108. Name of burial place

109. Name of interment

110. Name of funeral home

111. Name of funeral director

112. Name of undertaker

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114. Name of burial place

115. Name of interment

116. Name of funeral home

117. Name of funeral director

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120. Name of burial place

121. Name of interment

122. Name of funeral home

123. Name of funeral director

124. Name of undertaker

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126. Name of burial place

127. Name of interment

128. Name of funeral home

129. Name of funeral director

130. Name of undertaker

131. Name of cemetery

132. Name of burial place

133. Name of interment

134. Name of funeral home

135. Name of funeral director

136. Name of undertaker

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138. Name of burial place

139. Name of interment

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152. Name of funeral home

153. Name of funeral director

154. Name of undertaker

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156. Name of burial place

157. Name of interment

158. Name of funeral home

159. Name of funeral director

160. Name of undertaker

161. Name of cemetery

162. Name of burial place

163. Name of interment

164. Name of funeral home

165. Name of funeral director

166. Name of undertaker

167. Name of cemetery

168. Name of burial place

169. Name of interment

170. Name of funeral home

171. Name of funeral director

172. Name of undertaker

173. Name of cemetery

174. Name of burial place

175. Name of interment

176. Name of funeral home

177. Name of funeral director

178. Name of undertaker

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180. Name of burial place

181. Name of interment

182. Name of funeral home

183. Name of funeral director

184. Name of undertaker

185. Name of cemetery

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187. Name of interment

188. Name of funeral home

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190. Name of undertaker

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192. Name of burial place

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195. Name of funeral director

196. Name of undertaker

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198. Name of burial place

199. Name of interment

200. Name of funeral home

201. Name of funeral director

202. Name of undertaker

203. Name of cemetery

204. Name of burial place

205. Name of interment

206. Name of funeral home

207. Name of funeral director

208. Name of undertaker

209. Name of cemetery

210. Name of burial place

211. Name of interment

212. Name of funeral home

213. Name of funeral director

214. Name of undertaker

215. Name of cemetery

216. Name of burial place

217. Name of interment

218. Name of funeral home

219. Name of funeral director

220. Name of undertaker

221. Name of cemetery

222. Name of burial place

223. Name of interment

224. Name of funeral home

225. Name of funeral director

226. Name of undertaker

227. Name of cemetery

228. Name of burial place

229. Name of interment

230. Name of funeral home

231. Name of funeral director

232. Name of undertaker

233. Name of cemetery

234. Name of burial place

235. Name of interment

236. Name of funeral home

237. Name of funeral director

238. Name of undertaker

239. Name of cemetery

240. Name of burial place

241. Name of interment

242. Name of funeral home

243. Name of funeral director

244. Name of undertaker

245. Name of cemetery

246. Name of burial place

247. Name of interment

248. Name of funeral home

249. Name of funeral director

250. Name of undertaker

251. Name of cemetery

252. Name of burial place

253. Name of interment

254. Name of funeral home

255. Name of funeral director

256. Name of undertaker

257. Name of cemetery

258. Name of burial place

259. Name of interment

260. Name of funeral home

261. Name of funeral director

262. Name of undertaker

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264. Name of burial place

265. Name of interment

266. Name of funeral home

267. Name of funeral director

268. Name of undertaker

269. Name of cemetery

270. Name of burial place

271. Name of interment

272. Name of funeral home

273. Name of funeral director

274. Name of undertaker

275. Name of cemetery

276. Name of burial place

277. Name of interment

278. Name of funeral home

279. Name of funeral director

280. Name of undertaker

281. Name of cemetery

282. Name of burial place

283. Name of interment

284. Name of funeral home

285. Name of funeral director

286. Name of undertaker

287. Name of cemetery

288. Name of burial place

289. Name of interment

290. Name of funeral home

291. Name of funeral director

292. Name of undertaker

293. Name of cemetery

294. Name of burial place

295. Name of interment

296. Name of funeral home

297. Name